

# Evaluation for Advanced Dental Education

## Instructions

1. Applicants must complete Section I before forwarding to the evaluator.
2. The applicant listed has applied for advanced dental education and requests you complete section II.
3. Please answer all questions.
4. Return evaluation to the Naval School of Health Sciences, (Code OD), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
5. Questions call - (301) 295-0650 or DSN 295-0650.

### Section I

Applicant's name (last, first, MI)	Grade	Designator	SSN
First choice program	Second choice program		Starting date
Level of training requested <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> MS/PhD <input type="checkbox"/> Other (specify)			

### Section II

How do you know the applicant? (Check all that apply.) <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Predental student <input type="checkbox"/> Dental student <input type="checkbox"/> Graduate school <input type="checkbox"/> GPR student <input type="checkbox"/> ACP student <input type="checkbox"/> Resident		How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Vaguely <input type="checkbox"/> By name only <input type="checkbox"/> I do not know the applicant	
Member of: <input type="checkbox"/> Department <input type="checkbox"/> Branch clinic <input type="checkbox"/> Command <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify)			
How many years have you known the applicant?	From:	To:	
Based upon your experience with other students, dentists, and Navy Dental Corps officers, how does the applicant compare when considering the following: Rank as follows - 5-well above average    4-above average    3-average    2-below average    1-well below average    0-no opinion			
Rating	Factor	Additional comments	
<input type="checkbox"/>	Maturity		
<input type="checkbox"/>	Judgment		
<input type="checkbox"/>	Leadership		
<input type="checkbox"/>	Cooperation		
<input type="checkbox"/>	Personality		
<input type="checkbox"/>	Military bearing		
<input type="checkbox"/>	Personal demeanor		
<input type="checkbox"/>	Independence of thought		
<input type="checkbox"/>	Performance as a naval officer		
<input type="checkbox"/>	Cultural interests (nondental)		
<input type="checkbox"/>	Clinical ability (manual dexterity)		
Communication skills as an: <input type="checkbox"/> Effective writer <input type="checkbox"/> Effective speaker			
Estimate probable success as a: <input type="checkbox"/> Clinician <input type="checkbox"/> Researcher <input type="checkbox"/> Dental educator <input type="checkbox"/> Graduate student			
Gifted individuals occasionally exhibit sporadic records due to extenuating circumstances such as family illness, financial need, or personal difficulties. Please advise if you are aware of such problems.			

# Advanced Dental Education Application Brief Sheet

## Instructions

1. Complete all applicable entries.
2. Type all entries.
3. Follow current BUMEDNOTE 1520.
4. Attach a chronological record of your continuing dental education (courses, correspondence courses, etc.) for the last 5 years.
5. Forward this brief sheet and chronological record of dental education to: NSHS, Code OD, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
6. Questions call - (301) 295-0650 or DSN 295-0650.

Name (last, first, MI)	Grade	Designator	SSN
Duty station address			
Duty station phone (DSN & commercial)		Home phone	
Date of rank		Year group	
Years active duty		Years Navy dental officer	
PRD		If you have received orders; to where?	
Total years operational or foreign shore dental officer			
Dates & location or unit			
First choice training request		Second choice training request (optional)	
If I receive training leading to board eligibility, I will <input type="checkbox"/> will not <input type="checkbox"/> pursue board certification.			
As appropriate, complete all of the following. I completed:			
GPR in (provide academic year and facility)			
Civilian postdoctoral fellowship in (provide discipline, academic year, and facility)			
Navy ACP in (provide discipline, academic year, and facility)			
Navy residency program in (provide discipline, academic year, and facility)			
Civilian residency/postresidency fellowship in (provide discipline, academic year, and facility)			
I requested evaluations from:			
I requested transcripts from:			

### Demographic Information Request

Please complete the following by circling the correct answer. Completion of this information is voluntary and will not affect your request for training.

Age	20-25	26-30	31-35	36-40	41-45	46-50	51+
Gender	Male		Female				
Ethnic Group	Amerian Indian	Asian	Black	Caucasian	Filipino	Hispanic	Other

### Privacy Act Statement

Authority to request this information is contained in 5 USC 301 and 10 USC 5031. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements, and achievements; to analyze student groups or courses; to provide academic and performance evaluation; to assist guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration, and planning purposes. Disclosure of this information is voluntary. Failure to disclose requested information, except for the demographic information, may result in nonselection for training.

Typed name, grade, and SSN

Date

Signature

### NSHS (Code OD) Use Only

Education/school	Academic years	Degree	GPA	Class/rank
Pre dental				
Dental				
Other				

Evaluations received	Transcripts received	Application complete date
1      2      3	1      2      3	

Please provide a brief narrative summary to be used in this evaluation. (Use a maximum of one additional page, if necessary.)

Compared to other applicants, how would you rate this applicant?

\_\_\_\_\_ Very strong  
\_\_\_\_\_ Strong  
\_\_\_\_\_ Average  
\_\_\_\_\_ Weak  
\_\_\_\_\_ Very weak  
\_\_\_\_\_ No opinion

Evaluator's typed or printed name

Date

Evaluator's title or position

School or command

Evaluator's signature